Implementation of Substitution Treatment with Buprenorphine in Lebanon

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Rationale

• Why substitution?

• Why Buprenorphine?
Why substitution?

• **Non favorable arguments:**
  - reliable data on opioid dependence not available
  - low HIV prevalence
  - no reliable data on Hepatitis C prevalence

• **Favorable arguments:**
  - heroin is widely available and cheap
  - majority of persons receiving services from different centers are opioid dependent
  - consensus amongst professionals in the field that drug use, especially heroin use, is on the rise
  - high prevalence of heroin dependence among people arrested and people in prison on drug related charges
Substitution treatment in the region

- No substitution treatment was available in Lebanon, Middle East and Arab World, North Africa
- Exceptions:
  - Iran
  - UAE (only some hospital use for detox)
- Currently:
  - Morocco, Tunisia
Why Buprenorphine?

- **Sporadic use of buprenorphine**: black market, patients coming from Europe...
- **Buprenorphine**: safer (?) and easier use than methadone
- **Buprenorphine**: gateway to methadone
Lobbying

- SKOUN, Other NGOs, Professionnals...
- Minister of Health: pledged his support for legalization of substitution medication in 2005
BARRIERS

• Political stagnation
• Resistance of professionals
• Lack of involvement of different parties concerned with substitution treatment
Measures

• 2008: Pompidou Group initiative: task force
• Task Force: Ministries (Health, Interior), NAP (National Aids Program), UNODC, WHO, Lebanese Psychiatric Association, NGOs
• Continuous lobbying through:
  - knowledge Hub – (Harm Reduction programs for Middle East region)
  - other projects (NGOs)
  - education (conferences, trainings...)

National Guidelines

• Based on WHO guidelines
• Adapted by task force
• Aim: prevent diversion, false prescriptions
Rules – Task Force / MOH

• **Dispensing setting:** 2 governmental hospitals
• **Prescribers:**
  - only psychiatrists
  - mandatory that psychiatrists be affiliated to a multidisciplinary team
• **Age:** > 18y old
• **Dosage:** Max 16 mg
• **Dispensing:** once a week for the first 3 months and then once every 2 weeks if approved by the prescribing
• **Urine test:** screening for opiate with every prescription
Outcomes

• Training for psychiatrists done in Nov 2011
• Launching of buprenorphine treatment in January 2012
Current situation

• Around 400 patients since January 2012
• Patients profile:
  ✓ single young men mostly
  ✓ more likely to have a legal history
  ✓ 1/3 of them will likely drop out
  ✓ For people in treatment, favorable outcomes (more than 75% of opiates urine tests are negative)
Limitations

• Guidelines: re-assessment (urine tests, people who travel, people in prison...)
• Medication: no reimbursement, generic form
• Treatment possibilities: only centralized treatment centers, insufficient number of treatment centers and professionals
Conclusion

• Legalization of substitution treatment initiated by civil society

• Comprehensive approach: breaks barriers and resistances:
  - professionnals
  - government
  - involved and influential organizations

• Despite limitations, introduction of buprenorphine into Lebanon represents an important benchmark in the expansion of medication-assisted treatment in the Middle East
THANK YOU